



# MARY IMMACULATE PRIMARY SCHOOL

## APPLICATION FOR ENROLMENT Information on this form is strictly confidential

STUDENT DETAILS		
First Name:	Middle Name:	Surname:
Preferred Name:	Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female (please tick one)
Entry Year (e.g. 2020):	Entry Level/Grade:	Religion (including rite):
Home Address	Suburb:	Postcode:
Kindergarten Attended: Address:	Previous School: Address:	Year Level:

STUDENT'S NATIONALITY (GOVERNMENT REQUIREMENT)			
Nationality:			
Country of Birth:		Place of Birth:	
*If born overseas, date of arrival in Australia:		*If born overseas, date child commenced school in Australia:	
Aboriginal or Torres Strait Islander: Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, please tick <input checked="" type="checkbox"/> one below) <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal & Torres Strait Islander			
Does the student or their mother/father/guardian speak a language other than English at home? (If more than one language, please indicate in the table below, the one that is spoken most often):			
	Student	Mother/Guardian	Father/Guardian
No – English only			
Yes – Please specify			
Does your child attend Language School?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, name of Language School attending:		If yes, specify language learnt at Language School:	

* IF NOT BORN IN AUSTRALIA, CITIZENSHIP STATUS REQUIRED (GOVERNMENT REQUIREMENT)	
<input type="checkbox"/> <b>Australian citizen not born in Australia</b>	
*Please tick the relevant category below and record the Visa Subclass Number as per Government requirements: <b>(original documents including Visa; Document of Travel; Letter of Notification; and passport photo page are to be sighted and copies retained by the school)</b>	
Australian Passport Number:	Naturalisation Certificate Number:
Visa subclass recorded on entry into Australia:	
<input type="checkbox"/> <b>Not currently an Australian citizen</b>	
*Please provide further details as appropriate below:	
<input type="checkbox"/> Permanent Resident	Visa Subclass Number:
<input type="checkbox"/> Temporary Resident	Visa Subclass Number:
<input type="checkbox"/> Other/visitor/overseas student	Visa Subclass Number:

SACRAMENTAL INFORMATION			
Sacrament	Date Received	Parish/Suburb	Certificate Supplied
Baptism			<input type="checkbox"/> Yes <input type="checkbox"/> No
Reconciliation			<input type="checkbox"/> Yes <input type="checkbox"/> No
Communion			<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirmation			<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Parish:			

MEDICAL INFORMATION			
Doctor's Name:			
Address:			
Suburb:		Postcode:	Phone:
Medicare Number:		Ref Number:	Expiry:
Private Health Insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fund:	Number:
Ambulance Cover:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number:	
<b>Medical Conditions:</b> Please specify any medical conditions your child suffers from e.g. asthma, diabetes, anaphylaxis, and/or any medication prescribed for the student. A <i>medical management plan</i> signed by a relevant medical practitioner will be required for each of the medical conditions listed.			
Has the student been diagnosed as being at risk of anaphylaxis? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, does the student have an EpiPen or Anapen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please list specific details for any known allergies that do not lead to anaphylaxis e.g. nuts, pollen, penicillin:			
<b>Immunisation:</b> <i>(Please attach an immunisation history statement for your child)</i>			
All vaccines are recorded on the Australian Immunisation Register (AIR). You are required to obtain an immunisation history statement for your child (visit <a href="http://myGov">myGov</a> ) and provide it to the school with this enrolment form		Immunisation history statement attached: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide explanation:	

ADDITIONAL NEEDS		
This application gives you the opportunity to provide information that will facilitate the smooth transition of your child into our school. It will assist the school to develop appropriate strategies to meet the particular needs of your child. If the information provided is incomplete or misleading, any decision made as to this enrolment may be revised.		
<b>Does your child present with:</b>		
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Acquired Brain injury	<input type="checkbox"/> Autism
<input type="checkbox"/> Behavioural Concerns	<input type="checkbox"/> Giftedness	<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Language Disorder	<input type="checkbox"/> Mental Health Issues
<input type="checkbox"/> Physical Impairment	<input type="checkbox"/> Vision Impairment	<input type="checkbox"/> Other:

**Has your child ever seen any of the following:**

- |                                                  |                                                  |                                                   |
|--------------------------------------------------|--------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Audiologist             | <input type="checkbox"/> Behavioural Optometrist | <input type="checkbox"/> Educational Psychologist |
| <input type="checkbox"/> Occupational Therapist  | <input type="checkbox"/> Paediatrician           | <input type="checkbox"/> Psychiatrist             |
| <input type="checkbox"/> Psychologist/Counsellor | <input type="checkbox"/> Speech Pathologist      | <input type="checkbox"/> Other:                   |

Is your child eligible or currently receiving National Disability Insurance Scheme (NDIS) support?

- 
- Yes
- 
- No

Have you attached all relevant information/professional reports?  Yes  No**PARENT DETAILS (GOVERNMENT REQUIREMENT)**

<b>PARENT/GUARDIAN 1</b>	<b>PARENT/GUARDIAN 2</b>
Title:	Title:
Full Name:	Full Name:
Address:	Address:
Phone:	Phone:
Mobile:	Mobile:
Work Phone:	Work Phone:
Email:	Email:
Relationship to the student:	Relationship to the student:
Country of Birth:	Country of Birth:
Nationality:	Nationality:
Religion:	Religion:
Occupation:	Occupation:
Employer:	Employer:
Occupation Group: <i>(Please select from the list of 'Parental Occupation Groups' attached)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> N	Occupation Group: <i>(Please select from the list of 'Parental Occupation Groups' attached)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> N
What is the highest year of primary or secondary school completed? <i>(Persons who have never attended secondary school, tick 'Year 9 or below')</i> <input type="checkbox"/> Year 9 or below <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 12 or equivalent	What is the highest year of primary or secondary school completed? <i>(Persons who have never attended secondary school, tick 'Year 9 or below')</i> <input type="checkbox"/> Year 9 or below <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 12 or equivalent
What is the highest qualification completed: <input type="checkbox"/> No post school qualification <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Bachelor Degree or above	What is the highest qualification completed: <input type="checkbox"/> No post school qualification <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> Advanced Diploma/Diploma <input type="checkbox"/> Bachelor Degree or above

**HOME CARE ARRANGEMENTS FOR STUDENT**

<input type="checkbox"/> With Mother and Father	<input type="checkbox"/> With Single Parent: Mother/Father (please circle)
<input type="checkbox"/> In a Blended Family	<input type="checkbox"/> Shared Parenting (e.g. one week with Parent 1, next week with Parent 2)
<input type="checkbox"/> Guardian	<input type="checkbox"/> Other:

**COURT ORDERS (IF APPLICABLE)**

Are there any current Court Orders relating to this student?  Yes  No

If yes, please provide copies of these Court Orders e.g. AVOs, Family Court/Federal Circuit Court of Australia Orders or other relevant Court Orders. Attached:  Yes  No

Is there any other information of which you wish the school to be aware?

**FINANCIAL INFORMATION AND FAMILY DETAILS**

Who will be responsible for the payment of the school fees and levies?

- Both Parents       Mother Only       Father Only       Guardian  
 Other (Please provide contact details):

Fee payer and accounts to be addressed to (e.g. Ms/Mrs/Mr Smith):

Address accounts to be sent to:

Preferred email address:

Do you have a Health Care Card or Pensioner Concession Card?  Yes  No

If yes, please provide the Card number:

Is an additional copy of your child's School Report required for parent not living with the student?

- Yes  No

If yes, please complete the following information regarding the parent to whom the report should be sent:

Name:

Relationship to child:

Email:

**EMERGENCY CONTACT DETAILS (OTHER THAN PARENT/GUARDIAN)**

Every effort will be made to contact you in the event of an emergency or illness, however should you be unavailable, please nominate two people other than a parent, who may be contacted during school hours:

<b>Contact Person 1</b>	<b>Contact Person 2</b>
Full Name:	Full Name:
Home/Work Phone:	Home/Work Phone:
Mobile:	Mobile:
Relationship to the student:	Relationship to the student:

**SIBLINGS ATTENDING A SCHOOL/PRE-SCHOOL OR AT HOME**

Please list in age order, all other children in your family attending a school/pre-school or at home:

Name	School/Pre-School/Home	Year Level	Date of Birth

## ENROLMENT APPLICATIONS

Have you applied to another Catholic primary school?  Yes  No

If yes, please indicate the name of the school/s:

Your preferences for three Catholic Primary Schools:

- 1.
- 2.
- 3.

## MARY IMMACULATE PRIMARY SCHOOL AGREEMENT

**Please tick the following boxes and sign below**

I/we have included copies of the following documents with this application for enrolment (please tick appropriate boxes):

- Birth Certificate
- Baptismal Certificate
- Immunisation Certificate
- Citizenship documentation (where applicable)
- Most recent previous school reports and external test results (where applicable)
- Relevant Family Court Orders (where applicable)
- Relevant medical and/or special needs information including clinical/educational assessments (where applicable)
- Visa information (where applicable)
- Enrolment Fee of \$200

1. I/We understand that if this application is successful, the information that I/we have provided must be kept up to date throughout the period of enrolment.
2. If this enrolment is accepted, I/we agree to support my/our child's participation in the religious life of the school (e.g. school liturgies, sacramental programs).
3. I/we understand that if this application is successful, I/we will support the School Vision.
4. If this enrolment application is successful, I/we agree to support all staff members in the education and wellbeing of my/our child.
5. If this enrolment application is successful, I/we agree to honour the financial commitments required by the school as per the annual Schedule of Fees and Levies.
6. If this enrolment application is successful, I/we agree to support the school's policies and procedures, as amended from time to time, in relation to Child Safety, acceptable behaviour and behaviour management, the learning and teaching programs, school uniform, Parent Code of Conduct, Grievance Policy and the general operations of the school. The consequence of not complying with the school's policies and procedures may result in the termination of the enrolment.

**Parent/Guardian 1 signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian 2 signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_